

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10758</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>E</u> <u>Finley</u> P.O. Box, Bldg., Room No., if any Street <u>6705 Alley Branch</u> City <u>Catlettsburg</u> State <u>Kentucky</u> ZIP Code + 4 <u>41129</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local #24</u> Labor Organization File Number <u>518069</u> P.O. Box, Building and Room Number, if any Street <u>4949 Northcutt Place</u> City <u>Dayton</u> State <u>Ohio</u> ZIP Code + 4 <u>45414</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Sheet Metal Workers Local #24</u> Trade Name, if any: <u>Sheet Metal Workers</u> P.O. Box, Bldg., Room No., if any Street <u>4949 Northcutt Place</u> City <u>Dayton</u> State <u>Ohio</u> ZIP Code + 4 <u>45414</u>	7.a. Nature of Interest, Transaction, or Income. <u>Use of Union owned vehicle to attend Joint Apprenticeship Committee meetings in Columbus Ohio once each quarter. Total car expenditures listed on Local union filed LM-2. Estimated gas expense listed below.</u> 7.b. Amount. <u>\$120</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signature <u>James E. Finley</u>	On <u>8-15-05</u> Date	<u>800-951-8718</u> Telephone Number

Name of Person Filing James Finley

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Local #24

Trade Name, if any: Sheet Metal Workers

P.O. Box, Bldg., Room No., if any

Street 4949 Northcutt Place

City Dayton

State Ohio

ZIP Code + 4 45414

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Apprenticeship Committee Trust Fund

Trade Name, if any: Sheet Metal Workers Apprenticeship

P.O. Box, Bldg., Room No., if any

Street 3031 Lamb Road

City Columbus

State Ohio

ZIP Code + 4 43219

11.a. Nature of such dealing.

Reimbursement for Airline Tickets, Hotel Room, and \$500.00 per diem for a five day conference attended in Providence Rhode Island. The Eastern Regional Apprenticeship Conference is held annually in different cities and the Trustees rotate attendance.

11.b. Approximate dollar value of such dealing.

\$1,388

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

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14.b. Amount of payment.